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FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND
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NO. III. — BY DAVID KING, JR. M.D., NEWPORT.

"What are the causes and nature of CHOLERA INFANTUM, and the best mode of treatment to be employed therein?"

[Continued from page 123.]

Pathology.—THE pathology of this disease will be inferred from a consideration of the symptoms during life, and an examination of the lesions of structure, in fatal cases, after death. The following appearances were observed by Dr. J. Jackson and Dr. J. C. Warren, of Boston, from examinations made during a period of several years.

"The body is emaciated; often very much. In some cases the abdomen is full and tense, and especially about the region of the liver. The viscera of the thorax have been found in good order. In the abdomen, the liver has sometimes been found very large, so as to occupy two fifths of that cavity; but this viscus has not presented any other marks of disease, unless, indeed, it may, in one or two cases, have been rather more firm and solid than natural." The gall-bladder, spleen and pancreas, have not been distinguished by any peculiar appearances. "The peritoneal coat of the intestines has, in its greater part, been found healthy; in some cases altogether so; but in most cases some few spots, or portions of it, have been discolored in consequence of a distention of the small vessels going to supply the internal membranes or coats. Also in one or two cases, an inflamed line has appeared on each of two contiguous folds of intestine, just above their line of contact. In every case marks of disease have been discovered on the mucous membrane. In the stomach there have usually been observed one or two small spots, of an irregular shape, in which the mucous membrane was red, inclining a little to a purple. The membrane in these places has not been much, if at all, swollen. The stomach is commonly lined with an adhesive mucus. In the duodenum there have invariably been found one or more spots, much larger than in the stomach, in which the mucous membrane has been considerably inflamed, and for the most part swollen. In almost every case, such an inflamed patch has been found at the very commencement of the duodenum. Other inflamed patches, varying in size, and corresponding with the discolored portions of the peritoneal coat, have been seen in the small intestines in every case."*

* New England Journal of Medicine and Surgery, Vol. I. p. 25.

Dr. Dewees has found, in the small intestines, coagulable lymph spread over the surface, or in detached pieces. He notices an alteration of structure, from thickening of the coats of the intestine, reducing the calibre of the alimentary canal in the parts where it occurs.

Dr. Horner,* from some careful and accurate post-mortem examinations, infers that cholera infantum is a follicular, rather than an erythemoid inflammation—a disease of the innumerable mucous glands or follicles extended from one end to the other of the alimentary canal, rather than a common vascular or erythemoid inflammation. In the cases examined by him, the stomach was of a sienna color, and of such consistence as to be readily scraped off with the finger nail; the small and large intestines were of the same color, and presented clusters of enlarged and tumid muciparous glands or follicles. The follicles were of the size of millet seeds, and gave to the mucous membrane the appearance of having been sprinkled with fine white sand. By macerating the intestines, and suspending them in spirits of wine, so as to remove the blood and mucus, the anatomical character of the disease was clearly demonstrated to be an ulceration and tumefaction of the follicular system of the intestines. In one case, by maceration and suspension in a fluid, he discovered several common erythemoid ulcerations of the jejunum, of about two lines in diameter, which were imperceptible during the dissection.

Cruvelhier has described a disease, resembling, in symptoms, cholera infantum, under the title of "*maladie gastro-intestinale des enfans, avec désorganization gelatiforme*," characterized by excessive thirst, frequent vomiting and purging of mucous and bilious matter, rapid emaciation, and at last an inclination to sleep, from which the patient is roused by abdominal pains, causing plaintive cries, and violent contortions of the body. Fatal collapse often ensued, in the course of twenty-four or forty-five hours. The chief morbid appearance was a gelatinous softening of the stomach, and the small and large intestines. He attributes the pathological alteration to a gastro-intestinal irritation, the special nature of which is unknown. He thus describes the alteration of structure:—
 "Ce ramollissement procède toujours de l'intérieur vers l'extérieur. Il y a d'abord simple écartement des fibres, que sépare un mucus gelatineux, et par conséquent les parois de l'organe sont envahies, disparaissent enfin, de telle sorte que l'estomac ou l'intestin ramallis ressemblent à de la gélatine transparente, arrondie en tube ou en portion de tube. Si la transformation est complète, les parties désorganisées sont entraînées couche par couche, et ce qui reste paraît aminci; le péritoine seul résiste quelque temps; mais enfin, envahi lui-même, il s'use, se déchire, et la perforation a lieu. Les parties ainsi transformées sont decolorées, transparentes, d'apparence inorganique, complètement dépourvues de vaisseaux, exhalant une odeur aigrelette semblable à celle du lait caillé, sans odeur ni de putréfaction ni de gangrène. Un fait digne d'intérêt, c'est que les parties ramollies se décomposent beaucoup moins promptement que les parties non altérées dans leur organization. L'ébullition qui convertit en gélatine l'estomac, et les intestins, donne une idée parfaite de ce genre d'altération. Je dois noter ici un phénomène bien re-

* American Journal of the Medical Sciences, No. VI.

marquable ; c'est la coloration noire des vaisseaux qui avoisinent l'altération, couleur que je n'ai jamais rencontrée ni dans les parties désorganisées, ni dans les liquides contenus."

The peculiar miasm, which produces cholera infantum, acts upon the minute ramifications of the ganglionic nerves, in the lungs, and by means of the blood throughout the vascular and capillary systems. This primary influence of the miasm on the organic nerves is succeeded by excessive secretory irritation of the follicles of the mucous membrane of the alimentary canal, which constitutes the disease. The minute and accurate researches of Dr. Horner evince that this disease extends beyond the limits prescribed to it by Dr. Jackson and Dr. Dewees, and that it prevails through the whole extent of the gastro-intestinal mucous membrane. The constitutional disturbance produced by this disease is readily explained by the extent, the relations, and the important functions of the alimentary mucous membrane. The morbid excitement prevailing through this extensive exhaling surface, causes active determination of the blood to, and profuse secretion of mucus and serum from, the exhalents and follicles. The functions of digestion, the secretion of the liver, and the processes of nutrition, are suspended. The evacuations of sero-mucoid fluid by vomiting and purging, produce rapid emaciation, drain the vascular system of the serum of the blood, suspend hæmatisis, and prostrate the vital forces of organic life.

The process of dentition, and the intense irritation of the gastro-intestinal mucous membrane, produce an irritation of the nervous apparatus of animal life. Hence arise the spasms, the pains, which in severe cases are agonizing, and the convulsions, which precede death so frequently in this disease. The contrast between the condition of the system of organic life and that of animal life, is beautifully illustrated by Dr. James Jackson, in his description of the protracted form of the complaint. "When asleep, the patient is impressed with the characters of death—his countenance deathly, his pulses quick and wiry, his respiration scarcely to be heard; but when he awakes, his clear eye seems to view the objects around him with a peculiar intelligence. With the utmost decision he chooses the pleasant, and rejects the offensive things, which are offered him. He seems almost to tell you, by his actions, that his stomach is faint, and sinking, and distressed; that the call for something to support it is most painfully imperious; but that the appetite can scarcely find an article which does not disgust it. The child is not disposed to make exertions; but when he does, there is often displayed a momentary energy of will, altogether disproportioned to the other appearances about him. He does not express pleasure; and at the most, only assents to what pleases him; but he frets at what disappoints him, and scolds most sharply at what offends him."

The cerebral irritation is very likely to cause congestion, inflammation, and serous effusion. Hence at last the animal powers fail—the patient sinking into a somnolent state, from which he is roused, occasionally, by excruciating pains in the bowels.

In regard to the nature of the disease, we believe it to be situated in the follicular system of the gastro-intestinal mucous membrane. The

pathological appearances are various, and the evidence accumulated may not seem sufficient to enable us to separate, with exactness, the accidental from the constant lesions of structure. If this be the case, post-mortem examinations, conducted according to the accurate method of Dr. Horner,* cannot fail to establish the true pathology. The following considerations render it highly probable that this disease is seated in the follicular system. 1st. Children are liable to have the follicles of the gastro-intestinal mucous membrane highly developed, which development renders them more susceptible to disease.† 2d. This disease, towards its close, affects not only the follicles of the mouth and fauces, but of the cutaneous surface. 3d. A disease of the follicles of the gastro-intestinal mucous membrane, readily accounts for the severity of the constitutional affection, from their immense number.

Treatment.—The indications of cure in this disease, are to allay the irritability of the stomach and bowels, to determine to the surface, to guard against local inflammation, to support the strength, and restore a healthy tone to the organism.

1st. The leading feature of this disease is an excessive irritation of the follicles of the gastro-intestinal mucous membrane. This irritation causes a determination of blood to the digestive mucous membrane, and an exhausting secretion of sero-mucoid fluid. To allay the irritation of the mucous membrane is, then, an object of the first importance. A few leeches are to be applied to the epigastrium. An enema, consisting of a solution of common salt in warm water, is to be administered, and repeated *pro re nata*; for a child, a year old, a gill of warm water to a teaspoonful of salt will be the proper proportion. The injection removes whatever fecal matter may have collected in the large intestines, and exerts, probably, through the medium of the ganglionic nerves, a salutary effect upon the hepatic secretion, and thereby allays the gastric irritability. Dr. Dewees has seen this simple remedy frequently relieve the patient, almost entirely without the aid of any other remedy. The application of leeches to the epigastrium should be succeeded by the repeated application of warm poultices over the abdomen. If leeches cannot be obtained, other measures of revulsion must be adopted. The patient may be put into a warm bath, rendered stimulating by adding salt; the surface may be rubbed, immediately on coming out, with some stimulating liniment.

R. Liquoris Ammon. 3j.

Olei Olivæ 3ij.

misce benè et adde

Spt. Camphoræ 3ij.

Olei Terebinth. 3iij.

Saponis Duri 3v.

misce benè.

Olei Limonis 3ij. M.

R. Tinct. Cantharid. 3iij.

Olei Terebinth. 3j.

Ammoniaë Liq. 3iss.

Saponis Duri 3j.

Olei Limonis 3j.

M. ft. Linimentum.

The warm bath and the stimulating frictions should be used daily during the continuance of the disease, and may be repeated according to

* We refer to pathological researches, by the aid of minute injections of the diseased membrane.

† Dr. Hope.

the severity of the gastro-intestinal irritation. Blisters, applied over the epigastrium, are a valuable means of counter-irritation. From their occasional severe local effects in infants, they should be applied for two or three hours only at a time, and be followed by the repeated application of emollient poultices.

The vomiting is so severe, in this disease, as often to require the application of particular remedies to allay it. Dr. Dewees recommends, for this purpose, a teaspoonful of strong coffee, without sugar or milk, to be given every fifteen minutes. Equal proportions of milk and lime water, toast water, and *small pieces of ice* (given frequently to children of sufficient age), may be tried. Hops, the green leaves of the garden-mint, or green peach tree leaves, steeped in hot water or vinegar and water, and applied warm, and nearly dry, over the stomach and breast, will be useful. These remedies, with iced and demulcent drinks, and a few doses of hydrarg. cum creta, with magnesia or soda, will in many cases effectually allay the gastro-intestinal irritation. If the severe vomiting and purging continue, and an exhausting secretion from the gastro-intestinal mucous membrane, minute doses of sub mur. hydrarg. and ipecacuanha may be administered.

R. Sub Mur. Hyd. grs. iij.

Pulv. Ipecacuanha grs. iij.

Sacch. Alb. grs. xij.

Ft. Pulveres xij.

One of these powders may be given every half hour or hour, till the stools evince a decided restoration of the hepatic secretion. The mode of the operation of calomel, in minute doses, is not to be illustrated by the principle of direct revulsion; for it not only changes the morbid action of the follicles, but it excites to a healthy action the hepatic and cutaneous secretions.

In addition to this plan, it is important to administer remedies calculated to give the patient rest during the night, otherwise the pain and frequent evacuations may produce a fatal exhaustion of the vital forces. To effect this purpose, it will be proper to place the patient, for eight or ten minutes, in a bath of a temperature from 90 to 95 degrees Fahrenheit; the skin should then be wiped dry, and friction employed to excite the surface. A little paregoric and wine of ipecacuanha may sometimes be given previously to the use of the warm bath. The effects of opiates should, however, be carefully watched, especially their influence on the brain. If they have an injurious influence it will be readily seen on the following morning, in the heavy appearance of the eyes and countenance, in the dryness of the tongue, and the enfeebled state of the stomach.

Another indication is to guard against the occurrence of local inflammation.

Cerebral inflammation is a frequent complication of this disease. To prevent such an occurrence, blisters may be applied to the mastoid apophyses. Dr. Eberle always applies blisters behind the ears, from the commencement of the disease. Dr. Parrish says, "in severe cases, much good may be expected from the application of blisters behind the

ears. I was led to this practice, by observing that the eruption, which, during dentition, is apt to make its appearance behind the ears, often proves a most salutary effort of Nature; and that while it continues, the infant generally enjoys an exemption from those dangerous disorders incident to this critical period of life. To imitate nature as closely as possible, the discharge from the blistered surface should be maintained for some time by stimulating dressings. I have witnessed the most beneficial effects from this practice, and can strongly recommend it to the attention of the profession." If cerebral irritation be increased by inflamed or swollen gums, they should be freely divided. If the hepatic secretion be suspended, minute doses of calomel and ipecacuanha should be given. If the intestinal irritation appear to aggravate the cerebral affection, after a few leeches have been applied to the temples, small doses of Dover's pulv. hydrarg. cum creta, and pulv. antimonialis, may be administered in mucilage of gum arabic.

Acute Enteritis sometimes supervenes in this disease. When the discharges become bloody, or consist of a muco-sanguinolent fluid, and tenesmus occurs, with other dysenteric symptoms, mucilaginous enemata, with a few drops of laudanum, may be administered. If the tongue be red, dry, and parched, and tenderness exist on pressure on the abdomen, two or three leeches should be applied along the course of the colon, and afterwards a large emollient poultice over the abdomen. Dover's pulv. and hyd. cum creta may then be given, as—

R. Pulv. Dover. iij. grs.

Hyd. c. Cret. ℥j.

Pulv. Gum Arab. ℥ij.

Ft. x. Pulv.

One powder may be given every two or three hours, till the symptoms abate. Gum arabic water is to be freely given in the mean time. If the sanguineous discharges be profuse, a continuation of opium, ipecacuanha and acet. plumbi will be useful. When the disease affects more particularly the small intestines, as indicated by vomiting, thirst, a red tongue, diarrhœa, tympanitis and tenderness on pressure, leeches, or a blister to the epigastrium, to be followed by the application of a large emollient poultice, Dover's pulv. and hydrarg. cum creta, and iced demulcent drinks, will be our chief dependence. Spirits of turpentine has been recommended by different authors as a specific for tympanitis; but clinical experiments have proved this article to be injurious in tympanitis occurring in the early stage of enteritis. In such cases, the subsidence of the tympanitis from the use of the turpentine is only temporary. It returns, afterwards, in a more aggravated form.

[To be continued.]

FITS—VOMITING—NON-SECRETION OF URINE.

[Communicated for the Boston Medical and Surgical Journal.]

Miss U., of Clarendon, in this State, has been subject, ever since her childhood, to what have been termed "fits." From the description furnished by the family, the "fits" seem to have consisted in a temporary

suspension of voluntary motion, the senses usually remaining unimpaired. Sometimes there have been slight convulsions. Latterly the inability to perform voluntary motion has frequently been confined to the lower limbs—has returned daily, and lasted from one to three hours. For the last fourteen years she has rejected her food by vomiting. She eats, with a good appetite, the usual quantity for a person in health, and apparently rejects the whole in from five to fifteen minutes. Diminishing the quantity or altering the quality of her food has no effect on this symptom of vomiting. Bowels incline to costiveness. Menstrual function not materially differing from the healthy state. Sits up a part of every day, performs some labor, and occasionally rides out.

The symptom, however, which makes her case chiefly worth notice, is a *total suspension of the secretion of urine*, of more than a year's standing. Her character, as well as that of her family, is such as to prevent any suspicion of an attempt at deception. She has not voided a drop of urine for the last twelve or thirteen months, nor has a urinous smell ever been perceived. It was suggested to her physician, Dr. Bowen, of Clarendon, that the use of the catheter might be necessary; but on examination he was convinced that there was no urine in the bladder.

I ought to have mentioned that Miss U. is now about 30 years old, and that she has never been thought hysterical by her physicians.

I leave the duty of commenting on the above case, to you or your correspondents.

DAVID PALMER.

Woodstock, Vt., Sept. 2, 1837.

RHEUMATISM—OPIUM—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 7, 1837, Mrs. W. R. called on me for advice. On the 5th she had been actively engaged in her domestic duties, and was exposed for a few moments to a sudden shower of rain. Soon after, she began to feel a soreness in the feet, with extreme tenderness of the soles, which extended to, and soon occupied, the whole of the lower extremities. The parts affected were so extremely sensitive that she could not bear the least motion, or even the weight of her clothes, without intolerable pain. She took some domestic medicines, such as hot drinks, put her feet into a hot bath, &c., and thus passed along until the evening of the 6th, when she drank freely of tanzy tea. She remarked, that, notwithstanding her efforts, she could not *sweat* any. The tanzy, however, brought on a profuse menorrhagia, which continued when I saw her.

7th. 7, P. M. I found the patient unable to move her limbs but with great difficulty; the pain was excruciating from the hips to the extremities of the toes; there was but little swelling or redness, and that confined to the articulations; pulse 90, very irritable; skin hot and dry; tongue very slightly coated, and moist. She had just taken cathartic medicine, which was operating freely. Under these circumstances I

concluded to commence the opium course, and directed a pill of opium, 1 gr., conserve ros. q. s. to be taken every hour. This was at 7, P. M. She took ten pills before any change in her (own) feelings or symptoms occurred, when diaphoresis commenced above a line drawn across the ant. sup. sp. of the ileum, which soon became profuse; all below this point hot and dry.

8th. 5, A. M. She complained of distention in the pubic region, and on inquiry I found she had passed no urine for 18 hours; discharge from the uterus diminished, but free. Directed a continuance of the opium pills, with spts. nitri dulc. At 10, A. M. again saw her; she had micurated freely; diaphoresis as before, and copious; mind calm and tranquil, was not sensible of any effect of the medicine upon the brain. She now began to feel a pricking sensation in the first toe of the right foot, which was very soon followed by perspiration at that point, while the remaining part of the foot and limb was, as before, hot and dry; tongue the same; pulse soft, 85. The weather, up to this time, was clear and pleasant. 8 o'clock, P. M. Symptoms improving. The whole right foot is sensible, and in free perspiration; the limbs continue as before; pulse 80, soft; directed pills every two hours, diluent drinks, and quiet.

9th. A. M. Found some nausea and headache; diaphoresis less free, and generally the effects described by Cazenove as the result of an under dose. The right limb was free from pain and soreness, with the exception of the knee. She also experienced some uneasiness from distention of the bladder. Directed a laxative, and the application of cloths wet with hot water to the pubic region; gentle diuretics; pills every hour, as at first. 12, M. Urine has passed freely; diaphoresis free and general, with exception of the left limb; bowels have not moved. Repeat cath., diminish pills one fourth, and repeat every hour. 10, P. M. Bowels soluble; diaphoresis profuse; urinary discharge natural; mind tranquil; natural sensibility rapidly returning in the left limb. Treatment continued, with direction, to an excellent nurse, should any of the former unpleasant symptoms recur, to return to the full dose.

10th. A. M. Diaphoresis had been maintained through the night; tenderness much diminished; other symptoms same. Treatment continued. 12, M. Same symptoms. 10, P. M. Diaphoresis free; disease rapidly subsiding; diminished the pills one third, with directions to return to the full dose should perspiration subside. Diluents continued.

11th. A. M. Diaphoresis free; complains of a little nausea and soreness of the gums, and occasionally double vision for a moment; tongue moist, clean, red, and appeared, together with the gums, somewhat spongy. Directed one gr. pill for three hours, then return to former dose; yeast gargle. 12, M. Symptoms improved; no nausea; vision clear; diaphoresis and diuresis free. Treatment continued. 9, P. M. Pulse 80; other symptoms as before. Same treatment.

12th. 8, A. M. Pain and tenderness nearly subsided; less tenderness of the mouth; complains of a sore spot on the elbow, and thinks it is in consequence of resting upon that point; pills diminished one half, with

directions to resume as before; yeast gargle; she also occasionally swallows a little. The weather, up to this morning, continued uniform, clear and pleasant; it now rains, with a chilly northwest wind. 1, P. M. Evidently a metastasis to the right elbow and hand; mouth better; diaphoresis not so free; pulse 86. Directed 1 gr. doses until diaphoresis became free; yeast continued. I now found it convenient to give wine whey to aid in sustaining the system under the powerful and continued sweating caused by the opium. 10, P. M. Diaphoresis free; pain and tenderness in the new locality diminishing rapidly. Directed $\frac{1}{2}$ gr. pills, unless diaphoresis should subside.

13th. 8, A. M. Disease nearly subsided; mouth and tongue quite tender and spongy. Diminished pills to $\frac{1}{4}$ gr.; yeast, wine whey, and soda powders. 2, P. M. Slight metastasis to left shoulder and hand. Return full doses for three hours, then continue $\frac{1}{4}$ gr. pills and other treatment.

14th. 8, A. M. All the unpleasant symptoms, except a little soreness in the thumb of the left hand, have disappeared; for the last eight hours diuresis has been copious, with a red sediment. Complained early in the morning of double vision. Treatment continued. 1, P. M. The disease seems to have taken leave entirely—pain and tenderness gone—she feels as if she could, if she dare, go about her house without difficulty. Treatment continued. 4, P. M. Sent for in great haste; found the patient making an effort to get out of bed; face flushed; eyes wild; skin dry. In a few minutes she became quiet, settled down upon the bed; comatose; pupils contracted; breathing stertorous; teeth firmly in contact. She was bled freely, and irritants liberally applied; found it impossible to give medicines by the mouth. The pulse 60, and full. At 7 o'clock, the pulse became rapid and irregular, and at half past 7 she expired.

I would add, that after a time of sunshine the weather again changed, and it began to rain at 2 o'clock, with that same northwest chilly wind.

As much has been written of late in favor of the opium practice in rheumatism, I have been induced to report this case at length, that those interested in the investigation might be in possession of all the facts necessary to the formation of a correct judgment as to the merits of the plan. The relief afforded by the medicine in the earlier stages of the complaint was extremely gratifying, and induced me to persevere until triumph seemed complete, when the fatal event thus suddenly supervened. There appeared to be some little disposition to metastasis coincidental with changes in the weather, as the disease seemed to be yielding, and that which proved fatal may have been induced by the change in temperature noticed above. I think, however, it might not have occurred if the system had not been debilitated or rendered preternaturally susceptible by the sweating process as produced by the opium. Whatever may be the correct explanation, the inquiry naturally arises, and we should like to see it satisfactorily settled, whether or not metastasis is most common under this plan of treatment, and if it is, on the whole, the safest course.

INTRODUCTION OF AIR INTO THE VEINS—RECOVERY.

AT a late meeting of the *Royal Academy of Medicine*, at Paris, M. AMUSSAT communicated the following remarkable case of recovery, after the introduction of air into the veins.

On Saturday, July 1st, M. Amussat removed the right breast of a woman, 47 years of age; the patient was originally strong, and enjoyed good health, until two years previously, when a small scirrhus tumor made its appearance in the right breast, and gradually extended to the whole of the mammary gland, as well as to the subjacent and surrounding tissues. After having removed the mass of the disease, and laid bare nearly the whole of the right side of the chest, M. Amussat prepared himself to dissect out the prolongation of the cancerous substance, towards the opposite side: while dividing, for this purpose, the tissues beneath the left clavicle; he suddenly heard a distinct and intermitting sound of air passing into a cavity through a narrow orifice; this sound was also heard by three of the medical gentlemen present. The patient, who had supported the operation, up to this period, with great fortitude, immediately complained of uneasiness, and of a sense of suffocation, crying out that she was going to die. A second sound, similar to the former one, was now heard, and left no doubt on the operator's mind as to the nature of the dreadful and almost universally fatal accident, which had taken place. He immediately placed his finger over the point from which the sound seemed to issue, and exercised firm pressure. During this time the woman's face became covered with a cold sweat, the eyes were turned upwards, and she exclaimed once or twice, "I am dying." The appearance of the unfortunate woman, the nature of the sound heard, and the general symptoms, indicated that air had passed into the venous system; M. Amussat, therefore, lost no time in endeavoring to expel it by compressing the parietes of the chest, while he left the orifice of the wounded vein open. Having repeatedly reduced, by compression, the capacity of the chest, he directed one of the assistants to press with his finger over the venous orifice. After the lapse of a few minutes the patient began to feel somewhat better, the sense of suffocation diminished, and M. Amussat terminated the operation by removing several diseased ganglia near the brachial plexus and axillary vessels; he then arrested the hæmorrhage, by submitting the arteries to "torsion," and, by way of precaution, passed a ligature through the orifice of the vein into which the air was supposed to have entered. The wound was dressed in the ordinary manner.

On the above case M. Amussat remarked, that although several other analogous ones had been observed, yet he believed this was the only one where the patient survived. The fortunate termination in the present instance was owing to his having so quickly discovered the nature of the accident which had taken place; and this, again, depended on his having been familiar with the peculiar sound which is produced whenever air passes into a wounded part, an accident that he often witnessed and studied while operating on living animals.

SELECTIONS FROM FOREIGN JOURNALS.

Typhus Fever—Purgatives—Bleeding in Typhus and other Diseases.—The result of Andral and Louis's observations, lately communicated in Paris, are as follows:—

1st. Purgatives are not as dangerous in typhus fever as they are represented to be. That in no case in which they were given at the commencement of typhoid fever have they increased the disease.

2d. That in serious cases, purgatives have produced more advantageous results than bleeding, or the mixed method.

3d. That in all cases indiscriminately treated by aperients only, the mortality has been less than by bleeding.

M. Andral said, that he had frequently had recourse to bleeding, in his own practice, for patients in typhoid fever, and that the patients had died rapidly, in a species of sub-delirium. When the illustrious Broussais was the leading man in the Paris medical schools, M. Andral says, "I had innumerable opportunities of attending students attacked with the typhoid fever. Those young men, acquainted with the prevailing doctrines, had insisted on being bled copiously, before I saw them. I bled them again, according to their constitution. Most of these unhappy patients sank and died. It is not, therefore, surprising that I should have conceived so great an aversion for bleeding in typhoid fever. I conscientiously assert, indeed, that I have also seen the most distressing results ensue from copious bleeding in *other diseases*. In erysipelas, for instance, under the influence of bleeding, the skin has become white, but phlogosis has still existed in the subcutaneous cellular tissue; and the patients gradually sank and died. I have observed the same phenomena in several cases of pneumonia, though I do not mean to say that bleeding should be totally avoided in erysipelas and pneumonia, but the *modus in rebus* should be observed."

Salt and Water, to quench Thirst and allay Vomiting.—Mr. Chapman, in the treatment of cholera, has administered common salt in solution in several cases, apparently with considerable advantage. Mr. Corbyn also has mentioned, that he allowed his patients to drink freely of congee water abounding with salt, observing, that it *tended to act on the bowels, and he did not find that it aggravated thirst*, an effect to be apprehended from its use. Without discussing the probable action of the remedy, I shall merely state a fact which occurred in my own practice, neither of the above gentlemen, so far as I have seen, having distinctly described what the advantages of the salt were. In May, 1835, a sepoy of the resident's escort was attacked with spasmodic cholera. I need not describe the case minutely; excessive thirst, and heat at the pit of the stomach, formed part of the symptoms, and his calls for cold water were urgent and incessant. He vomited everything as soon as swallowed. I had lately been reading, that English medical men had tried common salt, and independently of its praises as an emetic, I saw a solution of it recommended for the dreadful thirst, and burning at the præcordia. Determining to try it, I put four large table-spoonfuls of salt to a wine bot-

tle of cold water, of which I gave a table-spoonful every three or four minutes. The first two doses were rejected, but before half a dozen doses were taken, the patient was relieved. I then repeated the scruple doses of calomel and opium, which I had at first given; these were now retained, and I continued the salt and water, *at the man's urgent request.* At length the gastric symptoms subsided, and it was not until he had taken nearly the whole of the salt and water that he discovered its saline taste. He slept, and rapidly recovered. The case is interesting, and may be useful, as regards the effect of the salt and water in relieving the burning thirst, quieting the stomach, *and enabling it to retain other remedies*, to an extent which was surprising to myself and all the attendants. I do not think it acted on the bowels, and I am sure it did not create thirst, either at the time or afterwards.—Mr. T. G. BAYFIELD, *Ava, in the India Med. Jour.*

Circumstances favorable and unfavorable to Lithotrity.—These (says M. Civiale) frequently depend on the severe disorders in the urinary organs, or the general health attendant on the progress of stone in the bladder, and also on the stones. It is, therefore, necessary to consider,—

1st. The size, strength, and situation in the bladder of the stone, whether it be free and floating, or adherent; and the number of stones.

2d. The state of the bladder, prostate, urethra, and kidneys.

3d. The general state of the patient.

The diseases thus classed, may again be divided into four series:—The first comprises the *most favorable* cases,—only one stone, of middling size, friable, even, hard, with a healthy bladder, the urethra free, and a good constitution.

The second series offers conditions much less advantageous, but which principally depend on the size and number of the stones. The treatment then demands greater length of time, and more precaution. In this series the stone is large and hard, or else there is much gravel,—the bladder nearly healthy.

The cases comprised in the third series are unfavorable; yet do not quite repel lithotrity, which succeeds when proper attention is paid to the evil disposition of the organs. It will then be well to make one or two trials, not injurious to cystotomy, if at last that be necessary.

In a fourth series we must place the cases for which lithotrity is generally contra-indicated; a single stone, but voluminous and hard, quantity of gravel of middling size, encysted stone, horny bladder, bloody, and very painful; prostate hypertrophied, painful, strong deviation of the urethra, persisting coarctation of long standing; urine purulent, ammoniacal; kidneys diseased, patient irritable, weak, and worn out.

Originally, paralysis and chronic catarrh of the bladder were looked on as contra-indications of lithotrity. Experience has proved that these are not of great consequence in lithotrity. Most calculous patients are affected with catarrh of the bladder, more or less intense. Instead of this complication being increased by lithotrity, it improves during the treatment, and generally disappears with the principal disease.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 4, 1837.

THE MEDICAL STUDENT.*

DR. DUNGLISON has here presented those pursuing the study of medicine with a work which is designed expressly for their use. It makes no pretensions to originality, nor does it contain anything not to be found in other publications. The chief merit in the author consists in concentrating those facts which are always interesting to a person who is commencing a course of medical studies. Those whose early advantages have been limited, will be especially benefited by this compilation. To such, the glossary of technical words must be exceedingly advantageous. That portion of the volume which contains a bibliographical synopsis of the books most valued by the profession, is the lamest of the whole. There is the appearance about it of a desire to swell the manuscript into what a bookseller would call respectable dimensions. Hereafter, should the MEDICAL STUDENT reach a second edition, we trust this barren bibliographic heath will be covered by something more valuable to the reader, and more in keeping with the usual literary exhibitions of the writer.

The last division of the MEDICAL STUDENT is a detailed catalogue of the schools of medicine in the United States, collected probably from annual catalogues, and consequently very convenient to consult, from the circumstance of the bird's eye view which is given of all the institutions in the country.

When we had completed the first hasty examination of this truly novel undertaking, we were inclined to consider it a total failure, and unworthy of bearing the name of one who has toiled, with uncommon success, in various departments of science. But a closer examination, and further consideration of the benevolent motives which probably influenced Dr. Dunglison in this effort for the advancement of those who are compelled to surmount many difficulties, under very complicated disadvantages, have changed our first impressions—and it would be ungenerous not to acknowledge our present conviction that the book will prove essentially serviceable. It is a sort of introductory medical encyclopædia of many things which it is necessary to know, in order to understand and appreciate the ideas of authors. Although conscious that it is easier to find fault than to produce a faultless volume, we confess it would give us pleasure to see such additions and amendments in future editions of this work, as the learned gentleman who ushered it into being is well able to make.

Abyssinian Pathology.—When Mr. Gobat, a missionary, now resident in that distant region, was confined by illaess, Destera Matteos and Destera Gualo, two learned men, had a conversation with Mr. Isenberg upon the character of diseases generally, and gave it as the prevailing opinion that

* The Medical Student, or Aids to the Study of Medicine, with a Glossary, &c., by Robley Dunglison, M.D. Philadelphia, 1837.

they were caused by genii. The Abyssinians entertain no other idea of the causes of sickness and death, other than infernal spirits and witchcraft, if the symptoms do not yield to commonly prescribed remedies, which contain nothing more potent than short prayers, or very inefficient topical applications. As in all countries of the East, a foreign physician is sought with avidity. It matters not what he prescribes, if called medicine it is taken in full faith that it will effect a cure. Very much the same kind of respect is manifested by the Indians of America; however low in the scale of humanity, a medicine man is regarded with peculiar reverence.

A Medical Opinion.—The writer of an anonymous note enclosing the original of what he calls a *medical opinion*, by a quack of this city, must excuse us for not giving it insertion. It is altogether too barbarous,—being no recognized language, and therefore poorly calculated to answer the intention for which it was designed. Were we disposed to hold up to contempt the pretensions of half a score of charlatans who are driving a profitable business in Boston and its neighborhood, there would be but little room for anything else. Besides, the very idea of persecution, which a fair exposition of these adventurers would be denominated, would contribute both to their importance and emolument among the class of ignorant vulgarians, who wrong their children out of bread to pay for moonshine. It occurs to us to mention, in connection with the foregoing remarks, that we have a letter, addressed to a board of overseers of a public institution in this city, by a physician whose name became quite familiar to the Medical Society at the time Dr. Bartlett was on the tapis, beginning thus—“*To thoes whom it concerns, this sertifys,*” &c. &c.—signed with his name in full, with the affixion of M.D.—which is enough to sicken one of honors, intended to be the evidence of professional acquirement, when so unworthily bestowed upon a stupid ignoramus.

A new Esculent Sea-weed has been lately brought to England from Calcutta. It is said to possess nutritious properties to a much greater extent than the Iceland moss, without the bitter principle contained in that weed. A jelly made from it contains wax, gum, sulphate and muriate of soda, with 54 parts of starch in the 100, and is quite equal to *blanc mange*. Large quantities of this fucus grow in the neighborhood of Ceylon, where it is called the Ceylon moss. It has been much employed by the profession in Calcutta.

Cholera in Central America.—At no time has the destruction of the human race been greater in a given time, by cholera, than at present, in those countries through which this modern pestilence is travelling. In Central America, the destruction of life has been melancholy in the extreme—whole districts are represented to have been depopulated. Without any preparation for meeting the dreadful foe, the people have been swept away with an awful destruction. An impression that the rivers were poisoned seems to be universally diffused, which has led to several barbarous outbreaks against the government, hardly less fearful than the cholera itself.

Poison of the Snake in a Goat's Milk.—At a late meeting of the *Calcutta Medical Society*, Mr. Egerton alluded to a letter which he had received

from the upper provinces on the subject of a snake bite. A goat had been bitten, and the milk of the animal was given to the family, the head of which was affected with sickness; he shortly after quitted home, to which, however, he was soon recalled, and informed that the children were likewise attacked with sickness, as well as his wife. Mr. Egerton descanted on the remarkable circumstance of the venom of the serpent being communicated to the family through the medium of the goat's milk.

Medical Miscellany.—A Life of Hahnemann, the founder of the homœopathic system of prescribing billionth doses of medicine, is about being published, with plates, written by himself. He now resides at Paris, where he contrives, by dint of German perseverance, to keep all the world talking about himself and his system.—The cholera is travelling, with unabated fury, through the cities of Italy. At Marseilles and Trieste the consternation has been very great.—A French baron is making an unusual excitement in London, by his public lectures on animal magnetism.—The term *Albino* is said to be of East Indian origin—meaning a light-shunning beetle, *blatta gigantea*.—A man in England, being sentenced to three years' imprisonment, swallowed seven half crowns, lest they should be taken from him. No bad effects were developed till the expiration of twenty-seven months, when complaining of a slight pain and tenderness of the abdomen, a dose of medicine brought away the whole number.—Dr. Dunbar, of Baltimore, has been appointed Professor of Surgery in the Medical College at Washington.—Dr. J. Pancoast, of Philadelphia, will commence a course of lectures on anatomy and operative surgery, probably the present month. His winter course will open the first of November. Gentlemen belonging to the North, who are desirous of improving as much as possible while they remain in that city, are confidently recommended to take Dr. Pancoast's ticket.—A physician in a neighboring city has been indicted for procuring an abortion, under highly criminal circumstances, the particulars of which may be given hereafter.—The physician of the N. Orleans Charity Hospital, Dr. Sloan, has furnished a very satisfactory notice of the present state of the public health, which shows that the number of yellow fever patients admitted to that institution, is rapidly diminishing.—Ten cases of yellow fever were reported at Natchez on the 19th ult.—Several cases are given in the London Lancet, showing the beneficial effects of the external application of colchicum in gout.—Mr. Wakley, surgeon, of London, and editor of the Lancet, has been again elected Member of the British Parliament for Finsbury.—M. D. Koninck, of Belgium, has discovered a medicine which he calls *phlorizine*, which is an extract from apple-tree bark. Inter-mittents, which could not be cured by quinine, are represented to have yielded under the potent influence of this article.

DIED.—In Lexington, Mass. Dr. Joseph Fiske, aged 85.—In Newport, R. I. Dr. John P. Mann, 82; Dr. William Turner, a highly esteemed physician, aged 64.—In Framingham, Mass. Dr. John T. Kittredge, aged 26.—In London, Mr. Lynn, aged 84, a distinguished surgeon, and almost the last survivor of the personal friends of John Hunter.—At Princeton, Washington Co., Mi., Dr. Matthew Irvine Millikin, aged 23, late of Charleston, S. C.

Whole number of deaths in Boston, for the week ending Sept. 30, 38. Males, 23—Females, 15.
Consumption, 4—Inflammation of the lungs, 1—hooping-cough, 1—dysentery, 5—cholera infantum, 5—by falling of a bank of earth, 1—croup, 1—apoplexy, 1—measles, 1—scarlatina, 1—typhus fever, 1—old age, 1—canker in the bowels, 1—dropsy, 1—diabetes, 1—drowned, 1—diarrhœa, 1—stillborn, 1.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

AMARIAN BRIGHAM, M.D. Lecturer on Special Anatomy.

Demonstrators.—JAMES QUACKENBUSH, M.D., J. B. SWETT, M.D.

The expense of attending a complete course of Lectures by all the Professors, is \$108. The matriculation fee, which is \$5, entitles the student to the use of the College Library. Graduation fee, \$25.

Oct. 4—4t.

NICOLL H. DERING, M.D., Registrar.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. *Fees.*

Anatomy, by EDWARD REYNOLDS, M.D.* \$15

Chemistry, by JOHN W. WEBSTER, M.D. 15

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D. 10

Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D. 10

Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D. 10

Theory and Practice of Physic, by JOHN WARE, M.D. 15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 5, 1837.

tNov. 1.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	ELI IVER, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—6t

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenaeum Building, Pearl Street, on WEDNESDAY, 4th of October next, at 11 o'clock, A. M.

Sept. 30—1m.

JOHN HOMANS, Rec. Sec'y.

THEODORE METCALF—APOTHECARY.

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.